

<div>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</div> <div>Substitute for Form PTO-1360 (For use with Form PTO/SB/06)</div>							Application Number 10532620		Filing Date				
							Applicant(s) Helmuth EGGERS						
							* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1		1					51					
2		1		1				52					
3		2		1				53					
4		( 1 )		1				54					
5		( 1 )		1				55					
6		( 1 )		1				56					
7		( 1 )		1				57					
8		( 1 )		1				58					
9		( 1 )		1				59					
10	1		1					60					
11		1		1				61					
12		( 1 )		1				62					
13								63					
14								64					
15								65					
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41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
Total Indep	2		2		0								
Total Depend	11		10		0								
Total Claims	13		12		0								